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CASE OF MALIGNANT FUNGUS OF THE PENIS AND GROIN.

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DUBLIN.

ALTHOUGH very many fungous and malignant diseases have recurred to my observation, I have never seen one more remarkable, whether we consider the peculiarity or the malignancy of its aspect, than that of the servant man Keogh, who lately died in Ward 6. Picture to yourselves the head of an immense cauliflower seated in the right groin, and a smaller one on the side of the penis, this organ, as well as the scrotum, being proportionably enlarged, and you will have an ideal representation of the seat, extent, and form of the diseased parts.

The tumor in the groin was of a rounded or oval form, fully seven inches long and five inches broad. It extended from within two inches of the spine of the ilium to the front of the pubis, and from three inches above to two inches below Poupart's ligament. Its surface, which was in general extremely irregular, or full of knobs and depressions, presented about its middle part a deeper excavation, which, as well as the smaller depressions or cavities, always contained a quantity of a thin, clear, yellowish fluid. This fungus, for I may well call it by that name, rose in many parts fully three inches higher than the surrounding skin. The general appearance of its surface was by no means unlike that of the growth which often protrudes from a suppurating testicle. Its color was whitish, broken up by brownish red patches, by patches of a paler red color, and by spots of a brighter red. Some of the brown patches felt soft and elastic. The redder were comparatively firmer, many of the whiter patches had a yellow tinge, particularly in the middle of the tumor, and these seemed to have less vitality than the other parts. The discharge was very copious, and was partly serous or ichorous, and partly puriform. These discharges seemed to come from distinct parts. The latter, or the thick puriform discharge, from the surface of the fungus, and the former, or ichorous, from the edge of the skin, and from the sub-jacent subcutaneous tissue. In fact, the one seemed to exist, to a certain extent, distinct from the other. The border of the tumor overhung considerably the integuments, and, hence, the edge of skin, which surrounded the neck of the mass, could not be distinctly seen, except at the side next the pubis. The granulations in the inside of the edge, when this could be seen, had rather a healthy appearance, and seemed to secrete puriform matter. The skin, for several inches at the outer or right side of the tumor, was of a deep purplish red color, not uniformly so, but in

streaks. In all other parts, the surrounding skin presented a healthy appearance, excepting between the tumor on one side, and the penis and scrotum on the other, and there it was livid and very much thickened.

The fungus, or tumor on the penis, was seated on its right side and under part, and was not less than three inches in diameter. It resembled, in its form and color, in a very striking manner, the larger tumor in the groin. It was, however, of a firmer consistence, and paler color. It was rounded, and its circumference overhung the edge of the skin. Its surface was irregular, presenting numerous depressions of a small size and a larger hollow in its centre. All the depressions were filled with a clear ichor.

There were also, on the common integuments of the penis, two other diseased spots, of a smaller size, one on the right side, of the magnitude of a large pea, of a whitish pulpy appearance, considerably elevated, and the skin mounting at its side, so as to reach the level of its surface. The second was on the left side of the penis, and of the diameter of a farthing. One portion of its surface was sloughy, or pulpy, and another was covered by apparently healthy granulations. This diseased patch was continuous, at one side, with the larger fungus on the penis, and in every other part it was surrounded by skin which had a healthy color, but was raised into a kind of welt, which thinned down as it approached the immediate edge of the sore.

The integuments of both penis and scrotum were greatly thickened, and of a crimson color, with a tinge of lividity. The scrotum was elongated and lax, and was kept constantly bathed with the discharge which flowed down from the fungous masses. The spermatic cord at the right or diseased side was as thick as a finger, but the same part on the left, as well as the lymphatic glands of the corresponding groin, were free from enlargement. Besides the discharge which was effused from the surfaces of the tumor, and from their circumference, there was a copious puriform discharge from an opening or slit in the front of the scrotum, which led into the cellular tissue, as well as from the orifice of the swelled prepuce.

He was very pale and much emaciated. His pulse was upwards of 100, and very weak. He had well-marked paroxysms of hectic. A rigor commenced each night about nine o'clock, at which time he was in the habit of rising to get his bed made, and this was followed by a perspiration, pretty much confined to his head and breast, more copious on some nights than others. His tongue was rather clean, his bowels and urinary secretions regular; no thirst, and some appetite; no cough, and respiration good. There was scarcely any sensibility in the diseased mass, or in the surrounding skin, when handled, yet he was always moaning, as if he was in much pain. He described the pain as a dead heavy uneasiness, with an occasional darting sensation through the parts, which distressed him very much.

He had been in the hospital about ten days, I believe, before he fell under my care, and I have been informed that when he was admitted the tumors were not more than half the size which they were when I first saw him; that the skin surrounding the one in the groin was of a

livid color, very tender, and presented numerous small varicose veins distributed through its structure; that the surface of the tumor was insensible and tubercular, or very much of the form of a bunch of hydatids. I have been also informed, that it presented (probably in consequence of the manner in which the edge of the skin was hidden by the over-lapping fungus) such an appearance as to lead to the supposition that the disease was seated in the integuments rather than in the subcutaneous parts, and that it did not resemble either fungus hæmatodes or cancer, but was, in appearance, like the fungus which often grows from a testicle which has undergone chronic inflammation and suppuration.

It is, in general, very difficult to obtain a satisfactory account of the origin and progress of a disease which has been some time in existence; but as all the circumstances of this case were such as to make me very desirous to ascertain with accuracy its history, I took considerable trouble on the subject. I interrogated the patient and his wife separately, and made some inquiries from persons who had seen him in an early stage of the disease. From these sources of information it appeared that up to about sixteen months ago, at which time he was thirty years of age, he had a perfectly healthy constitution, that he never had contracted any venereal disease, except one about five years ago, and that was not followed by any secondary symptoms; that since then he had been married, that his habits had been very regular, that he never gave any disease to his wife, although he had intercourse with her long after the present disease commenced. I further learned, that about sixteen months ago a small elevated sore, or livid spongy wart, was observed on the right side of the inner surface of the prepuce, near the corona glandis, which was soon followed by another, of a similar kind, and seated on a part very near to the former. They united in a short time. They were not painful, nor did he give any attention to them, and until about seven months ago they made little progress. At this time he was thrown from a horse, dragged for some way on the ground with his foot in the stirrup, was rendered insensible, and, on the whole, experienced at the time a great shock. Soon after this his attention was attracted to his right groin, where he felt a small firm kernel. This gradually increased to the size of a pigeon's egg. He now applied at a hospital, where he got black wash and pills. The pills gripped him very much, and made him much worse. He next consulted a hospital surgeon, who saw him at his own house, from whom he got pills, which he believes were mercurial, but they did not make his mouth sore. Not finding himself improved, he went into a hospital. Even at this time he could denude the glans penis, and the tumor was neither very large nor discolored. He was now, unfortunately, put under a mercurial course, which excited much inflammation, and phymosis in consequence ensued. The tumor in his groin increased, and became red. An ulcer now formed on the outside of the inflamed prepuce, opposite to where the wart to which I have alluded was placed, and through this ulcer a fungous mass quickly protruded. The tumor in the groin soon after increased to the size of a goose-egg, and was still remarkably hard, but after a time it became irregularly soft, and of a livid or crimson color. At this period, finding himself much

worse, he solicited his discharge from the hospital, and, soon after, the skin covering the tumor in his groin gave way, and a fungus protruded. He now placed himself under a country peasant, who gave him "herbs," and he remained under his treatment until he was admitted into this hospital.

When I first saw this patient, I asked, "What has been done for him since he came into our hospital?" "The parts have been covered with a common poultice, and creosote has been administered internally," was the reply. That no advantage had resulted was evident, for the disease had doubled its dimensions since his admission; his hectic symptoms had rather increased; he seemed miserable in his feelings; his nights were restless, and his pain was great. I contented myself, on my first visit, with directing the poultice to be omitted, and fine linen to be put on the part, wet with a weak solution of the chlorate of lime. I also directed that there should be given an anodyne draught, and, during the day, my favorite cordial mixture, carbonate of ammonia and compound tincture of cardamoms, with a minute quantity of tincture of opium, made grateful with syrup of orange-peel, and some aromatic distilled water.

These changes in his treatment seemed to add to his comfort, and greatly diminished the stench which was about him. He still, however, looked wretched, and appeared in great misery. "Can anything now be done?" I asked myself. Now, gentlemen, this was precisely one of those cases in which we may be justified in trying any remedy which affords a ray of hope; a kind of case which demands, in fact, from every man anxious to extend the boundaries of his art, a trial, within proper limits, of empirical treatment; that is, of remedies which we know to possess the power of influencing the system to such a degree as to afford a possibility that they may by their action influence the disease. We are often, indubitably, obliged to act in this manner. How frequently are mercury and arsenic given upon no better foundation! I had, as you know, been trying for a long period, and in various cases, with remarkable success, the hydriodate of potash. Come, said I, let us try it in this case. I ordered it, but with scarcely a ray of hope that it would in any way control or influence the morbid actions going forward. It was given to him in the dose in which I commonly administer this medicine; that is, seven grains three times a day, in an aqueous solution. He commenced on the 9th of October; on the 12th I observed, on going round the wards, a decided alteration in the style of his countenance. He looked, comparatively speaking, tranquil. He told me he had had a better night than any since he had come into the hospital, and that the pain in the parts was much diminished. Could these changes be owing to the hydriodate of potash? I reflected with myself. I could not, I confess, feel that they were. This medicine was, however, continued. I saw him daily, sometimes looking at the tumor, and sometimes not, but I did not notice any remarkable change further than that which I have just mentioned, that is, in the state of his pain, until the 18th, or nine days after he had commenced the hydriodate of potash, when he complained very much of soreness of his throat. On the 20th he complained still more. I examined his throat, but could not observe anything to be

the matter. Presuming that it was a state of throat analogous to that which not unfrequently occurs from the employment of the hydriodate of potash, I directed him to discontinue this medicine, and to take a mixture containing the sulphate of quinine. On the same day I examined the state of the tumors, and they appeared to me to be a little smaller. Of this, however, I had not more than a suspicion, for the decrease was, if any, not remarkable. There was, however, an evident change in the appearance of their surfaces; they had become more dead and crumbly, and particles of them could be removed by the forceps. His urine on this day was loaded with the hydriodate of potash.

On the 24th of the month, or fourteen days after he had commenced the hydriodate of potash, the alteration in the state of the tumor, as you may remember, excited the greatest surprise. It was evidently not one half its former magnitude, and the surface was rapidly crumbling away. There was no pain in the part, no surrounding inflammation; the dull, heavy sensation and the shooting pains had entirely ceased; he appeared quite tranquil; his nights were spent comfortably; his appetite continued, and, on the whole, there was so remarkable a change, that I was nearly vain enough to suppose it possible he might recover. I now directed the hydriodate of potash, a trace of which was still visible in his urine, to be again given, but in half doses only; and to prevent the return of that state of throat of which he complained so much, and which had, in a few hours almost, been controlled by the quinine, I directed that he should continue his quinine mixture, taking it before, and the hydriodate of potash after his meals.

Under this treatment his throat continued easy, the decrease in the size of the fungi progressed, their middle portion crumbled away more rapidly than the circumference, and the diseased mass in the groin now assumed strikingly the appearance of an ordinary carcinomatous sore. The comparatively happy and tranquil state which I have already remarked, persisted, and his appetite remained perfectly good. But, notwithstanding these pleasing circumstances, his weakness increased, his pulse became more debilitated and thready. In short, the disease seemed to be going off, and his strength to be, in the same proportion, declining.

On the 10th of November, at which time he was still continuing his medicine, the diseased fungous mass had totally disappeared from several parts, and at these parts the surface had acquired the aspect of a phagedenic or sloughy sore, yet there was scarcely a blush of surrounding inflammation, and no pain.

The hydriodate of potash was now omitted, the sulphate of quinine was continued, and the diseased surfaces were covered with hot dressings of elemi and turpentine.

On the 22d of November there was not a trace of the fungous masses; the penis seemed as if it had been amputated exactly between the fungus and the comparatively sound part. It, as well as the scrotum, was no longer either swelled or red. The size and inflammation of these parts had declined with the decrease of the tumor. The fungous mass in the

groin had also disappeared, and a deep and dark excavation, of the size of a plate, occupied its place.

He was now sinking rapidly, yet he still presented an appearance of remarkable contentment, and exhibited an extremely placid countenance; his pulse sank to a thread; his voice became so weak and squeaky that he could scarcely be heard; he did not, however, complain of his throat. In four days after, that is, on the morning of the 30th of November, he died, without a groan or complaint; the progress of his dissolution was so tranquil, that he seemed to have gradually passed from sleep into eternity.

Autopsia.—I examined the body six hours after death, and made at the time a note of the dissection, which I shall read to you:—

“Extreme emaciation; no œdema of the lower limbs; the transparency and thinness of the skin covering the arms and thorax, allows a tint of color produced by the subjacent muscles to be observed, which gives very much the appearance, on the surface, of incipient putrefaction. The lower limbs are slightly stiff, but the muscles of the upper part of the body are quite free from rigidity.

“The diseased surface, which had the groin for its centre, is fully seven inches long, and six inches broad. It is covered by a thick stratum of pulpy brown matter, which is easily scraped off with the back of a knife. In thus clearing away the pulp, a portion of the anterior wall of the femoral vein has been removed. The internal surface of this vein, extending up and down for an inch from this part, is of a dark brown color, like the pulpy mass which covered the diseased surface, and is softened in its texture. At this part, and for some inches above and below, the vein is imperfectly filled with a coagulum, devoid of coloring matter, as far as the vein is discolored; but above and below this, it presents the usual red appearance of such coagula. The femoral artery seems sound, yet the parts covering it are scarcely less diseased or softened than those which covered the vein. The cellular texture on the lateral and posterior aspects of these vessels, has, when divided with a knife, somewhat of a cartilaginous appearance. The femoral nerve does not appear diseased. The aponeurotic expansion of the external oblique muscle, as well as the fascia lata, are exposed, upon the removal of some soft brown matter which covered them, and their structure seems softened. This extensive diseased surface does not appear to have any base, or, in other words, the more subjacent parts do not appear diseased. The extremity of the penis has been removed, and the end of it is covered by the same soft or pulpy matter as was observed in the groin. When this softened matter is rubbed off, the orifice of the urethra, the extremities of the corpora spongiosi and corpus cavernosum, appear softened at their ends, but without the slightest aspect of thickening, or as if there had been any inflammatory action. The right spermatic cord is quite insulated, from the external ring to the epididymis; its covering feels thick and firm, but its component vessels and nerves seem sound; both the testes also seem sound, although the right side of the scrotum has been destroyed by an extension of the disease from the right groin. The lymphatic glands of the left groin are very slightly enlarged, but

their section does not present any remarkable appearance. Neither the iliac nor the lumbar glands, nor any of the lymphatic glands in any part of the body, are diseased or enlarged.

"There is a remarkable degree of anemia of all the viscera. The blood, wherever observed, is so watery as to be nearly void of color. The serous membranes all feel dry and sticky, yet there is in the head a slight sub-arachnoid effusion. I collected in the pericardium a dessert-spoonful of a yellow serum; none could be obtained in either cavity of the pleura; about a dessert-spoonful is found in the pelvic pouch of the peritoneum. There is no other diseased appearance in any of the internal parts, if we except two white patches, of oid formation, on the heart; one small, on the left ventricle, and one larger in the right." The lungs were remarkably collapsed.

I detected a trace of the hydriodate of potash in a small quantity of urine which was found in the bladder, but could not detect any in the serum collected from the head, pericardium, or peritoneum.

Remarks.—I have now detailed to you all the facts that have come to my knowledge respecting this interesting case. Suppose you asked me what was the disease, I should feel some hesitation in answering your question. Was it fungus hæmatodes? Was it cancer? Was it a disease compounded of those two morbid states? Or was it a disease of a peculiar kind, differing from both? Some who saw this case said it was cancer, some that it was fungus hæmatodes, and others said it was neither, that it was a disease analogous to lipoma of the testis. In some respects it resembled cancer; in some fungus, and in others it differed from both. The period of life at which it occurred gave as great a right to cancer to claim it, as it did to fungus. The one seldom appears earlier than the age of this patient, the other seldom later. The wartlike aspect which the disease presented on the prepuce, allied it more with cancer, perhaps, than with fungus. The tumor in the groin had also, before the skin gave way, so far as I could learn, much more the hard or stony character of cancer, than the soft elastic feel of fungus. The granulations which formed during the progress of the disease, and which showed a disposition to cicatrize, had an appearance which belongs much more perhaps to cancer than to fungus. It is indeed considered, by a good authority on this subject, Sir E. Home, to be one of the strongest characters of carcinoma, if taken in conjunction with the fungous state and destructive actions in other parts of the sore. The insulated character of the disease was very remarkable. Neither the lymphatic system nor any other part or viscus of the whole body, seemed to have suffered beyond the immediately engaged parts. The roots of the disease did not even ramify at all among the subjacent or surrounding parts. In both these respects it differed from the course which cancer, as well as fungus, in general, pursues. Although there was some discharge of blood from the fungus in the groin, it was by no means in such quantity as often occurs in both carcinoma and fungus, but particularly in the latter. Before the diseased mass began to shrink away, when the dressing adhered to any part, a small drop of sanguineous fluid would sometimes exude, but not perhaps in greater quantity than would occur from a common granulating sore, if

there was an adhesion between its surface and lint which had been placed on it ; and the hemorrhage which occurred on one or two occasions, when the disease was in its more advanced stage, was not from capillaries, but from vessels which had been opened by the destructive process. On the whole, I should be disposed to say, that we must either consider it specifically different from both cancer and fungus, although it certainly belonged to their genus, or else we must extend our views respecting the characters of these diseases, so as to make our definition include the case which we have been considering.

The more important practical points connected with the subject relate, however, to the diagnosis of the disease in its early stage ; and to the cause of the changes which occurred while the patient was under the action of the hydriodate of potash.—*Lancet*.

DISLOCATION OF THE LOWER JAW.

BY C. W. FULLER, ASSISTANT SURGEON, IN INDIA.

SIR,—The following is an account given of a patient brought to me, apparently about 27 years of age, who had been ill of fever, a month previous to the dislocation taking place.

On Thursday, the 4th of December last, he was attacked by vomiting and purging. During, or directly after, the act of throwing up, the third time, he found, to his dismay, that he could not shut his mouth. In this state, he was taken to the Indigo Factory (Khal Boyla) of Mr. F. Harris, who recommended him to be carried to the station. Accordingly, he arrived here on Monday morning, 8th December, about 3 o'clock, A. M. His mouth was then as wide open as it possibly could be, tongue brown and dry, saliva dribbling over the chin, jaw perfectly immovable. When asked whether he had any pain, he pointed to the depression, consequent from the dislocation, anterior to the meatus auditorius.

I first made an attempt to reduce it by twisting a portion of a towel round each of my thumbs, adjusting them on the last molares of either side, and then pressing backwards and downwards, and also depressing the anterior part of the jaw, at the same time. The attempt failed completely, as the force used appeared not to have the least effect. I then tried with a couple of quart bottle corks, cutting the circle, so that on one side a flat surface might be presented, thereby rendering it easier to keep them fixed in position, when placed on the surfaces of the posterior molar teeth. The man was now placed on his back, and I pressed the lower jaw, steadily upwards, but with no better success.

Seeing the prospect of an easy reduction was rather unfavorable, and bearing in mind the circumstances under which the dislocation had taken place, I gave my patient two grains of tartar emetic, and directed the painful parts to be rubbed well with laudanum, from which, he said, he found relief. In about fifteen minutes he complained of nausea ; I then made another unsuccessful attempt, similar to the above. About five minutes afterwards he vomited ; I again returned to the task, placing him on his back, and by a steady and very firm pressure of the chin towards

the upper jaw, it gradually though stubbornly closed, the dislocation being perfectly reduced. A bandage, having a hole to let the chin through, was all that was requisite, besides telling him, if possible, to hold his peace for a few days. I saw him again the next morning, when he complained of a little stiffness only.

India Journal of Medical Science.

SCARLATINA.

PROFESSOR LICHTENSTADT, of Berlin, has a memoir on this disease in a late number of Hecker's *Annalen*, which is abbreviated in the following extract from the *London Lancet*.

This is a long memoir, containing an account of the epidemic scarlatina which prevailed in St. Petersburg in the winter of 1834-35. The author, agreeing with most writers, considers scarlatina as a disease which is eminently contagious; he cites several cases, where it was transmitted from house to house through the medium of visitors, who themselves remained unaffected; however, by using proper precautions, he was always fortunate enough to avoid the danger. The period of contagion is often protracted to a very considerable length of time; the professor was accustomed to consider six weeks as the maximum, but during this epidemic the disease was evidently transmitted from one individual to another, at the distance of eight weeks from the commencement of the attack; a long-continued exfoliation of the epidermis seems to favor the prolongation of the contagious period. The only method of checking the disease, is to avoid as much as possible all circumstances by which its contagious property may be propagated. Dr. Lichtenstadt has experimented with belladonna—a remedy much praised latterly as a preventive, but without any good effect.

The march of scarlatina may be divided into three periods; that of invasion, that of eruption, and, finally, the period of desquamation. The first rarely lasts beyond twenty-four hours; as a general rule, it may be laid down that the disease is dangerous in proportion to the shortness of the first period; however, this admits of several exceptions.

The second period, or that of eruption, lasts usually from seven to nine days, unless it is cut short by the child's death. In the latter case it may terminate in eighteen hours (one example of which kind the author observed), or in thirty-six hours after the commencement of the period. The color and extent of the eruption are very various. Some writers advance that a deep-red color, uniformly spread over the whole body, is a favorable sign; on the contrary, the author thinks the danger is always increased in proportion to the intensity of the eruption.

The pulse, as is usual in this disease, was always quick, and not reduced by the appearance of the eruption; at 100, it was not an unfavorable symptom; the pulse often rose to 120, and this also without indicating any great danger; but the disease was always the more grave and fatal, in proportion as the pulse exceeded this latter degree of frequency.

Bloody evacuations were sometimes observed during the course of this period, but they did not seem to exercise any remarkable influence in its march or termination; several children were seized with epistaxis, some recovered; others died. One patient, who died on the fourth day after copious loss of blood from the nose, was seized thirty-six hours later with violent hemorrhage from the vagina. The indications drawn from an examination of the urine, or alimentary excretion, do not present anything remarkable. The state of the tongue has always been considered of great importance, especially for the diagnosis of scarlatina. We have almost invariably observed the red, developed papillæ, at a very early stage; however, the author says, in the present epidemic, for the first few days after the appearance of the eruption, the tongue was covered with a whitish, or a yellow-white fur, by no means characteristic of scarlatina, and not differing from that observed in common fevers; however, the anterior portion and edges of the tongue gradually assumed a reddish color, which soon acquired the true scarlatina tint.

Some cases of gangrene of the fauces were observed, but the author saw hardly any example of the diphtheritic inflammation, described by Bretonneau as extending to the pharynx and larynx. In one case this gangrenous inflammation was complicated with croup. In several cases also, especially towards the end of the epidemic, the author observed a ringing cough excessively like croup, but all these terminated favorably. The duration of the desquamating period is various. In some cases the desquamation was not completed six weeks after the commencement of the disease; in others it was still more protracted. The complication of this period was, as usual, anasarca; general anasarca and abdominal dropsy often occurred, but never in a fatal form: one case of fatal thoracic effusion presented itself in the case of a child four years old; the cavity of the chest contained two pounds of clear fluid. No case of acute effusion into the cavity of the skull was observed.

The treatment pursued by the author seems very rational, and does not differ in any remarkable manner from that which would be adopted in this country. He justly condemns the antiphlogistic method, when pushed to too great an extent, preferring mild cooling regimen, and a moderate use of bloodletting when absolutely necessary. The experiments which he made with cold affusion do not seem to have given very favorable results, and he prefers rubbing the skin with warm oil. The inflammation of the throat did not appear to be alleviated in the least degree by leeches, and purgatives with emetics had not a much better effect. In a word, the result of the author's observations on the treatment of the second period is, "that medicine is only of negative value, and that when a cure does take place, we are indebted to nature for the fortunate result."

CASE OF TETANUS.

A PRIVATE of H. M.'s 38th Regt. of fair complexion and sanguine temperament, aged about 25, was admitted into the hospital, in Calcutta, on

the 25th of December, in consequence of a lacerated wound of the thumb and fingers of the left hand, occasioned by the bursting of a fowling piece which he had bought of a native. The wound became gangrenous and sloughing, and he is reported on the first of January, as having been troubled all night with spasms of his fingers and hand. These formidable symptoms continued to increase in spite of the treatment employed, and he died at noon, on the 3rd, after having suffered every torture which tetanic patients do. On examination, five hours after death, the right foot and toes were found so much turned inwards from the ankle, by the spasmodic action of the muscles, that it appeared dislocated. On being placed in its natural position, it immediately resumed its unnatural distortion, and retained it, although five hours after death.

The calvarium was strongly adherent to the dura mater, which was very vascular, and the medullary portion of the cerebrum and cerebellum was soft and doughy. The membranes on the base of the brain were florid, red and very vascular. On laying open the whole length of the spine, the sheath was highly vascular, particularly at three points,—the 3rd cervical, the 2d dorsal, and the 4th lumbar vertebræ. On laying open the sheath, and turning it back, the inside was pale and shining. The cord was beautifully covered with florid red vessels along its whole course downwards, as if painted by art. The vessels anastomosed more thickly at some points than at others; viz. near the last cervical, and the middle of the dorsal vertebræ. The nervous substance appeared firm, and to resist the scalpel. There were some spots of vascularity over the stomach, which seemed continued from the lower portion of the œsophagus. This tube was particularly contracted, for two inches from the pharynx downwards, so that it scarcely measured the diameter of a large goose quill. As it united to the stomach, it spread out a little wider, and exhibited a slight inflammatory blush. The upper portion was rather pale and shining.

The spleen was very large, brittle, and of a dark purple color.

India Journal of Medical Science.

TESTIMONY IN FAVOR OF A VEGETABLE DIET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has been with feelings of considerable interest that I have read the various communications respecting vegetable diet that have lately appeared in your valuable Journal. If the results of an abstemious diet were generally to prove such as the melancholy cases recorded by the last communication on the subject that I have seen, it would indeed be well that “an entire,” and, I may add, a *speedy* “extinction of Grahamism” should be witnessed by every lover of mankind. Mr. Graham is certainly bound, by very strong obligations, to come manfully forward and state, not merely the cases favorable to his view of the subject, but a proportion that shall be fair, and enable others to judge for themselves. It is also reasonable that he bring proof from the places where his system has been most generally adopted; nor is it less incumbent upon medical

gentlemen to collect and forward cases which bear upon the subject. But it is difficult to do so without prejudice. The admirers of Graham will probably think of cases of *one* character, while his opposers will as uniformly select the *other* and the opposite.

Particular cases I cannot detail, not having known this system reduced to practice by any ; but the general results of vegetable food having been for many years constantly before me, I shall take the liberty of stating them. In Scotland, the peasantry subsist almost entirely on vegetable food ; and a hardier, healthier race of men, it is generally admitted, can nowhere be found. Their ruddy cheeks and brawny limbs, their capacity of performing labor and enduring fatigue, prove irresistibly, at least to me, that the human frame can be supported in a state of the highest health and vigor by the use of vegetable food exclusively, if we except milk. Oatmeal, potatoes, turnips, cabbages and a few other esculents, form the sole nutriment of a large majority ; and many, at least within thirty years, lived entirely upon oatmeal made into pudding, and milk. An article of food termed brose, and milk, new from the cow, formed the staple with many. It consisted simply of oatmeal scalded ; yet, strange as it may seem to many of your readers, like Daniel and his fellows on the pulse, with this odd regimen they looked equally as well, and enjoyed as sound health, as any who fared on the most carefully cooked viands.

In the next place, what are we to do with the hundreds of millions of vegetable eaters, who, in spite of all that Dr. Bell may say, enjoy good health, and, when their minds are cultivated, and an object of sufficient magnitude to stimulate to industry and enterprise is placed before them, are certainly capable of making powerful and protracted efforts. Besides, has it not been recommended by the most scientific and experienced, both of American and European physicians, that on this very point—namely, a vegetable diet, even in strict conformity to it—consisted the safety of all new comers to those sultry climes ?

That Mr. Graham is a mere novice in physiology, will be a point somewhat difficult to establish in the minds of those who have read only his lecture to young men—a book that certainly contains a mass of very important matter, and which, it is greatly to be feared, is in its general facts and deductions from them, but too true.

I can scarcely be accused of being partial to Graham, for I do not even know the details of his system ; but if I did, I believe I should give it a fair trial before condemning it, for I have labored a long time (ten months) under a certain form of dyspepsia, produced, I have good reason to believe, by the freer use of animal food, and closer application to study than I had formerly been accustomed to. *En passant*, I wish some of your numerous readers would hint what has proved the most successful mode of treatment in their hands of removing chronic irritation of the mucous membrane of the stomach chiefly, I believe, although I also think the duodenum implicated. A coated tongue, slightly raw, and a feeling of strangulation after eating, are the most prominent symptoms.

Several of the cases afford room for considerable remark, but I shall not at present trespass further upon your patience. Hoping the subject

will receive all the attention it merits, and that *suaviter in modo, fortiter in re*, will be kept in view by all parties,

I am, sir, yours, &c.

H. H.

Stanstead, J. C. 21st March, 1836.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 11, 1836.

PHILOSOPHY OF LIVING.

SUCH is the title of a new book, by Dr. Ticknor, of New York. Though a copy has not been politely sent to the address of the Journal, a kind of attention that should never be forgotten by a medical author, by dint of good luck we have had a peep at it on a bookseller's counter. It cannot be supposed that, under such circumstances, an accurate knowledge of the book could have been obtained; indeed, all we know about it with certainty, is, that newspapers praise all the chapters *en masse*. Perhaps we should have joined in the chorus—but how can one sing *Io Peans* without notes?

It has become fashionable of late, above all things, to discourse learnedly upon eating and drinking; a subject interminable as space, and with which we are perfectly sick. Theory upon theory is ushered into being, the offspring of imagination, to lengthen out human life. One system of dietetic philosophy follows another, as regularly as the ebbing and flowing of the tide, and yet men die at all ages, in all countries, as they have done from immemorial time. Even the reformers—the giants of anti-pot-luck celebrity—drop into the grave like others. Paracelsus, after selling the elixir of life for prolonging terrestrial existence, which none but potentates could afford to purchase, died at the age of forty with a bottle of that immortal catholicon in his pocket. But mankind actually love to be imposed upon. It gives a zest to the otherwise dull routine of every-day affairs. The pleasure of being cheated is apparently as great as that of cheating; and it is in consequence of this, that so many thrive by operating on the weak points and credulity of mankind. No permanent reformation ever has been made in the manner contemplated by these adventurers—these scare-crows in the field of therapeutics. Eating and drinking is conducted precisely as it ever has been in all civilized states; and nothing short of a return to barbarism will effect those glorious changes, that millennial epoch, so much desired by scheming, dogmatic Jeremiahs, who are continually crying from the wall (*being well paid for the noise*), “Wo! wo! wo!” to all who fare better than themselves.

But the book—the genuine Philosophy of Living. From our hasty glance, we think the Temperance Almanac would be quite as useful in a family, and abounds with quite as much solemn sense, at one-tenth the cost. Medical gentlemen, at least, will receive no new ideas from it. Whenever we can procure the loan of a copy long enough to analyze the contents in detail, the author will hear from Massachusetts again, though there is no intention of smothering him in a smoke of his own kindling.

THE YOUNG MOTHER.

DR. ALCOTT is so prolific that it is becoming a tax upon one's memory to keep pace with his literary productions.—Who would have suspected that his new work, entitled the *YOUNG MOTHER, OR THE MANAGEMENT OF YOUNG CHILDREN*, was written by the most confirmed bachelor in all New England! Yet such is the fact; but the author is a man of unbounded benevolence and integrity, for whom we entertain too much regard to wish him to remain in single misery. A man who can write so touchingly, aye, and so pertinently, on the principles and philosophy of the nursery—that obscure niche, where none but mothers, maids and doctors are admitted—would doubtless show the world what he could do, had he one of his own. Not feeling fully competent to the labor of reviewing the book, at present, a friend may possibly do it for us. We have not studied it enough, yet, to give an opinion either upon its merits or demerits.

MEDICAL CAUCUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the annual meeting of the Massachusetts Medical Society is at hand, I would propose, through your valuable Journal, that a meeting of the members belonging to our city be called a few days previous, to determine upon a list of Counsellors, to be balloted for at the annual meeting. A similar plan was adopted last year, but from want of time, general notice was not given, and the members consequently not fairly represented. There is one vacancy this year caused by death, and more may be expected by resignation. This method, Mr. Editor, appears to me to be the only fair method of supplying vacancies, and if it meets your views will you endeavor to forward it.

Very respectfully,

A SUFFOLK MEMBER.

May 2, 1836.

Extra Meeting.—Owing to an unavoidable engagement, we were unable to attend the medical Counsel on Wednesday last, and cannot, therefore, report the doings. It is understood, however, that nothing of moment transpired.

Boston Medical Association.—The annual meeting was held at the Mason Street College, on Monday afternoon, 2d instant. Dr. Shattuck in the Chair. Dr. Storer was re-elected Secretary. The names of gentlemen composing the standing committee will hereafter be published. From the complexion of the times, it is very probable the association may be called together again before the close of 1836. Any gentleman who will report a synopsis of the debate—or without loss of time, minute down the proceedings, will greatly oblige the profession.

Quackery at the North.—A new style of medical quackery is becoming rife in New Hampshire and Vermont. The hygeian pills have had their day and have gone out of date. The Thomsonians kill their patients with steam and lobelia a little too often to wear well; and those who now undertake to live on the gullibility of the vulgar and ignorant, adopt the

practice of buying the patent medicines, claiming them as their own preparations, and dealing them out according to the printed labels!! A considerable number of idle young fellows without the least pretensions to education, either regular or empirical, are now getting a living in this way. Quacks have of course *always* been ignorant of the nature of diseases. And this has been the reason of the mortality which has attended their practice. But this new sect are not only ignorant of the nature of diseases, but they know nothing about the *medicines* which they deal out to the poor deluded victims of their knavery. Our compounders of patent nostrums buy the cheaper and adulterated articles of medicine at the drug shops, and compound them without any knowledge of their therapeutical properties or chemical compatibility; and this sect of empirics, who by the way talk large about their new system of practice, and their horror of mineral poisons and *poticary* drugs, distribute the worst drugs of the lowest apothecaries, after they have been still farther debased by the nostrum makers, and this without themselves knowing what it is they are giving; as the composition of the patent medicines is always secret.

Two of the practitioners on this *new system* are said to be flourishing at Woodstock, Vermont, and that they are becoming numerous in other places.

Conium Maculatum.—At the last meeting of the *Medico-Botanical Society*, Dr. Sigmond made some observations on the most eligible method of drying and preparing the leaves of *conium maculatum* for medicinal use. The leaves being in a high state of preservation, and entirely freed from their stalks, and as much as possible from external moisture, they should be laid in thin layers on willow baskets, stripped of the bark. They must be placed in a room from which all light is excluded, and then submitted for three or four hours to a heat of a little below 210 degrees of temperature. Having been then turned, they should be exposed to the same heat for about eight hours. They are then crumbled by the hand, with great facility, into a fine powder. Dr. Sigmond showed a good specimen of the powder prepared in this way. Dr. S. considered that the autumnal season was the best for gathering the leaves.

London Lancet.

Medical Miscellany.—The medical school at Woodstock is unusually prosperous. Number of students about 70. It is chartered by the Vermont legislature with power of conferring degrees. Still voluntarily retains the connection with Middlebury College.—The Medical School at Burlington is discontinued.—At Castleton, there are said to be 40 students.—Dr. Parker, Prof. of Anat. and Surg. at Woodstock, has accepted an appointment in the surgical department of the new medical School at Cincinnati. Will retain his connection with the Woodstock and Pittsfield schools and resign at Geneva.—Physicians are much needed in Turkey. Broosa is represented as being a most excellent location. The merchants of that city have so little confidence in native practitioners, that they not unfrequently send to Constantinople for medical advice, for which they are at a great expense. Doctor Bradley, an American missionary at Bancok, Siam, which is supposed to contain half a million of inhabitants, is said to be doing a vast business. Mr. Parker, another

missionary, established at Singapore, has opened a medical dispensary.—Dr. Jarvis, surgeon of a military post at Lake Harriet, west of St. Anthony's Falls, has rendered peculiar service to the people settled in that distant region of savage life.—The two physicians who recently fought themselves into police notoriety in New York, are likely to come off with the loss of money as well as character.—Chamomile pills, the bitterest things in modern quackery, are working their way into fame :—fools begin to buy them. If anything, they are worse than Brandeth's.—All the Atlantic cities are in the enjoyment of excellent health, at this time.—Bits of quartz, granite, felspar and sand were exhibited in Boston, the other day, by a gentleman from the interior, who said they were extracted from the bladder of a female patient under his care ! Query—Who introduced them there ?—Smallpox has not yet been wholly overcome in the country. Why don't town authorities order an annual vaccination, and thus make it impossible for the disease to exist among them ?—Champooing is becoming exceedingly fashionable, as a remedy for rheumatism.—Chloric ether is said to give immediate relief in the severest toothache.—Williams has gone to Providence :—let the people look out for their eyes.—Our exchange journals are received very irregularly—whose fault is it ?—Dr. Charles F. Winslow, of Nantucket, is writing a series of curious letters from France.

DIED—At Rutland, Vt. Dr. Thomas Hooker, 65.

Whole number of deaths in Boston for the week ending May 7, 21. Males, 8—Females, 13.

Of throat distemper, 1—infantile, 3—scarlet fever, 3—old age, 2—marasmus, 1—consumption, 4—dropsy, 1—child-bed, 1—pressure on the brain, 1—rheumatic fever, 1—sudden, 1—lung fever, 1—dropsy on the brain, 1. Stillborn, 1.

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Jan 20—lyep

WALTER CHANNING,
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WINSLOW LEWIS, JR.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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